U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/01/2004 Through: 12/31/2004

3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Edmond C Wright	Name IATS E Local \$80
·	Labor Organization File Number 006~1/4
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 11920 Ainsworth St	street 2520 W Olive
City Los Angeles State California ZIP Code + 4 90044	City Burbank
State California ZIP Code +4 90044	State California ZIP Code + 4 91505
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name 1	
Trade Name, if any:	
DO Day Olds Door No Hay	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street	
	1 1
City	
State ZIP Code + 4	d * / V
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ving documents), has been examined by the signatory and is, to the heat of the
Signed Signed	on 8 July 2005 (8/8) 526-0709
A Maria Maria	Date Telephone Nuosber
Form LM-30 (2003)	Pere 1 of 2

Name	
Trade Name, if any:	
Tipud Name, it dily,	
P.O. Box, Bldg., Room No., if any	
Street:	en e
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b, Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
(including trade name, if any).	
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	
(including trade name, if any).	
(including trade name, if any). Name Trade Name, if any:	
(including trade name, if any). Name	
(including trade name, if any). Name Trade Name, if any:	
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street:	
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